

SAMPLE

PREAPPLICATION STATEMENT OF INTENT

Air Carrier/Air Operator

Section 1A. To Be Completed By All Applicants		
1. Name and mailing address ENTER NAME OF INDIVIDUAL OR CORPORATION WHOSE NAME WILL APPEAR ON THE CERTIFICATE ALONG WITH YOUR <u>MAILING ADDRESS</u> .	2. Address of principal base where operations will be conducted THE PHYSICAL LOCATION OF WHERE THE CERTIFICATE WILL BE HUNG AND WHERE COMPANY RECORDS WILL BE KEPT.	
3. Proposed Startup date REALISTIC BEST ESTIMATE	4. Requested three-letter company identifier in order of preference 1. 2. 3.	
5. Management Personnel		
Name (Last, first, middle)	Title	Telephone (including area code)
ENTER THE NAMES, TITLES, AND TELEPHONE NUMBERS OF REQUIRE MANAGEMENT PERSONNEL REQUIREMENTS PER FAR PART 119.		
Section 1B. To Be Completed By Air Operators		
6 Proposed type of operation (check as many as applicable) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> Operating Certificate <input type="checkbox"/> Part 121 <input checked="" type="checkbox"/> Part 135 (State of AK - Most SP Operators) <input type="checkbox"/> Other (Explain in Remarks) </div> <div style="width: 33%;"> <input type="checkbox"/> Air Carrier Certificate <input type="checkbox"/> Part 121 Part 135 </div> <div style="width: 33%;"> <input type="checkbox"/> Passengers and Cargo <input type="checkbox"/> Cargo Only <input type="checkbox"/> Scheduled Operations <input type="checkbox"/> Nonscheduled Operations </div> <div style="width: 33%;"> <input type="checkbox"/> Single Pilot Operator <input type="checkbox"/> Single Pilot-in-Command <input type="checkbox"/> Basic Part 135 Operator </div> </div>		
Section 1c. To Be Completed By Air Agencies		
<i>Not Applicable</i>		
Section 1D. To Be Completed By Air Operators		
8. Aircraft Data		9. Geographic area of intended operations
Number and types of aircraft (by make, model, and series)	Number of passenger seats or cargo payload capacity	<i>State of Alaska</i> <i>(If you'll be flying out of state including Canada or hauling mail within the state, you must apply for an Air Carrier Certificate).</i>
One PA-18-150	1 PAX	
Section 1E. To Completed By All Applicants		
10. Additional information that provides a better understanding of the proposed operation or business PUT YOUR D/B/A information here. <i>Lester C. Jones, d/b/a Hook Em' Air Service, will conduct fly out fishing, hunting, etc., as an on demand operator using floats, wheels & skis, departing from Lake Hood.</i>		
11 The statements and information contained on this form denote an intent to apply for FAA certification.		
Signature <i>Signature of Owner/Operator or President of Corp., etc.</i>	Date <i>Date Submitted to FSDO</i>	Name and Title <i>Name & Title of Owner/Operator or President of Corp., etc.</i>
Has this operator ever been assigned any 4 digit designator yes x no <input type="checkbox"/> unknown Designator Code ABBC		
Receive By (district office):		Date Forwarded to Region
Date:	For: <input type="checkbox"/> Action <input type="checkbox"/> Information only	
Remarks:		

PREAPPLICATION STATEMENT OF INTENT

Air Carrier/Air Operator

Section 1A. To Be Completed By All Applicants			
1. Name and mailing address		2. Address of principal base where operations will be conducted	
3. Proposed Startup date		4. Requested three-letter company identifier in order of preference 1. 2. 3.	
5. Management Personnel			
Name (Last, first, middle)	Title	Telephone (including area code)	
Section 1B. To Be Completed By Air Operators			
6 Proposed type of operation (check as many as applicable)			
<input type="checkbox"/> Operating Certificate	<input type="checkbox"/> Air Carrier Certificate	<input type="checkbox"/> Passengers and Cargo	<input type="checkbox"/> Single Pilot Operator
<input type="checkbox"/> Part 125	<input type="checkbox"/> Part 121	<input type="checkbox"/> Cargo Only	<input type="checkbox"/> Single Pilot-in-Command
<input type="checkbox"/> Part 133	<input type="checkbox"/> Part 135	<input type="checkbox"/> Scheduled Operations	<input type="checkbox"/> Basic Part 135 Operator
<input type="checkbox"/> Part 137		<input type="checkbox"/> Nonscheduled Operations	
<input type="checkbox"/> Other (Explain in Remarks)			
Section 1c. To Be Completed By Air Agencies			
<i>Not Applicable</i>			
Section 1D. To Be Completed By Air Operators			
8. Aircraft Data		9. Geographic area of intended operations	
Number and types of aircraft (by make, model, and series)	Number of passenger seats or cargo payload capacity		
Section 1E. To Completed By All Applicants			
10. Additional information that provides a better understanding of the proposed operation or business			
11 The statements and information contained on this form denote an intent to apply for FAA certification.			
Signature	Date	Name and Title	
Section 2. To Be Completed By FAA District Office			
Receive By (district office):		Date Forwarded to Region	
Date:		For: <input type="checkbox"/> Action <input type="checkbox"/> Information only	
Has this operator ever been assigned any 4 digit designator <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown			
Designator Code:			
Remarks:			
PRECERTIFICATION NO.	DATE	FINAL NO.	DATE